
Protocol Representation Special Interest Group

July 19, 2004

Agenda

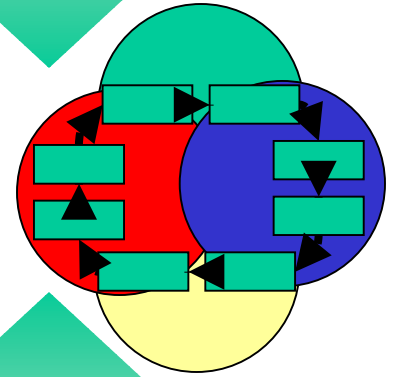
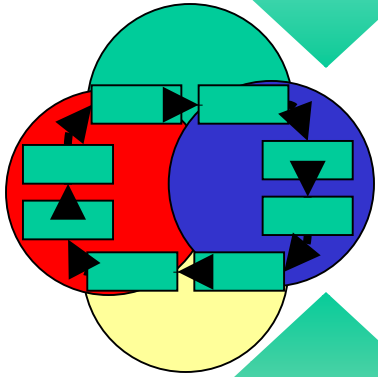
- Goals for today
 - Review the vision statement from the face to face meeting
 - Discuss the scope of the SIG
 - Examine possible work statements to achieve those goals
- Deliverables
 - A draft vision statement
 - Homework for scope and use cases
 - Comment on possible statements of work
- SOW process: White paper(s) from this sig
 - Review of existing stake holders
 - Design considerations
- Next teleconference call:
 - August 3, 1:00 EDT

Desiderata

Standards-Driven Development

caBIG compliant, open-source,
integrated, modular, software
applications that are USED

User-Driven Development

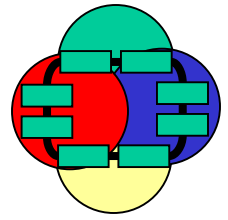


Vision

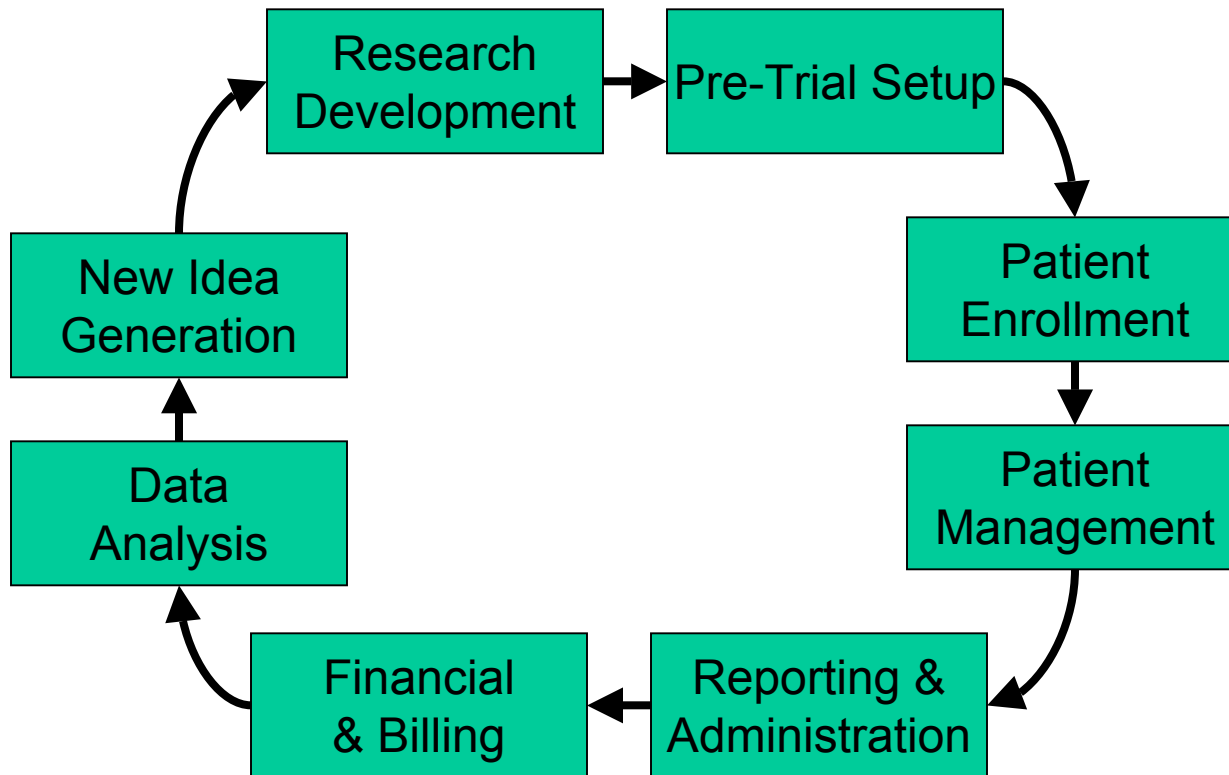
- To *define* a computable protocol representation that supports the entire life-cycle of clinical trials protocol, and *develop tools* that use these protocol representations. These tools should be standards-based, caBIG compliant and assist users in creating, maintaining, and sharing clinical trials information.
- The clinical trials protocol representation will serve as a *foundation* for caBIG modules that support *all phases* of the clinical trials life cycle, (including protocol authoring) and be developed to meet user needs and requirements.
- At every stage, we will *evaluate* and *test* our work

SIG worktasks

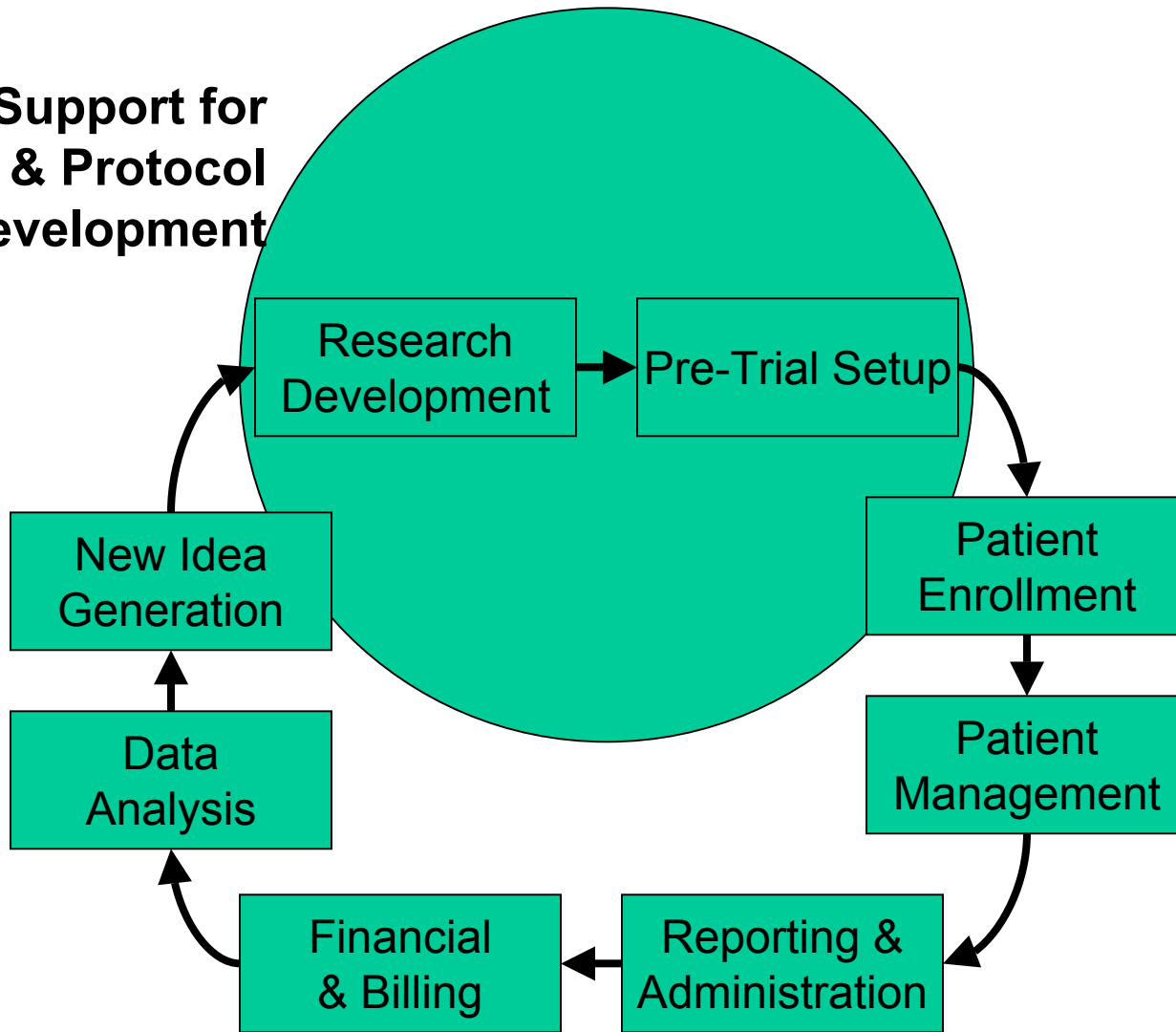
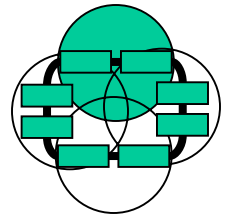
- Vision and Scope
 - Complete vision and scope document
- Interact with other protocol representation groups (ongoing)
 - CTEP/CDISC
 - HL7
- Use case development and user requirements
 - Begin the process of identifying use cases for the life cycle
 - Develop complete protocol registration use case (transferring paper-based description of protocol into clinical trial management system)
 - Develop complete summary 4 use case
- Develop representational constructs based on use cases



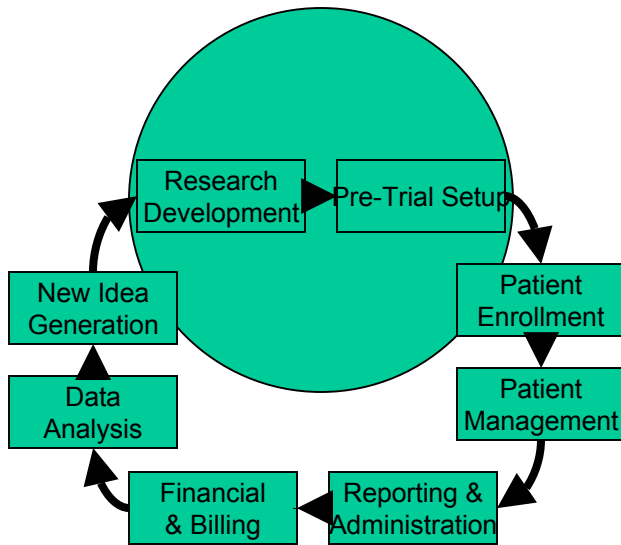
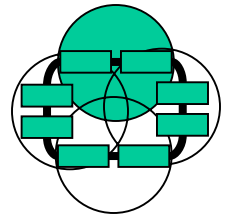
Clinical Trial Life-Cycle



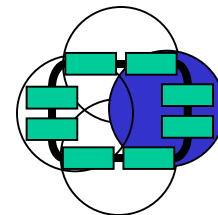
Support for Research & Protocol Development



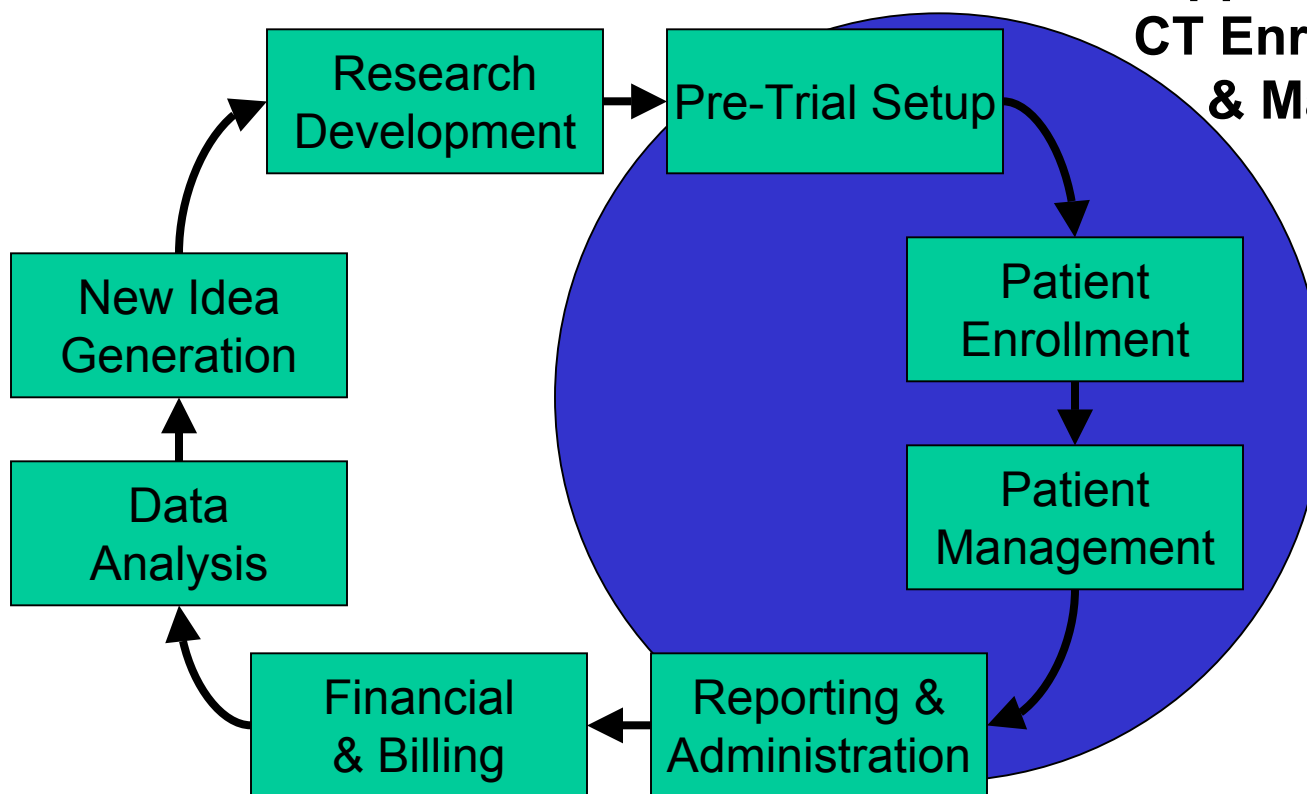
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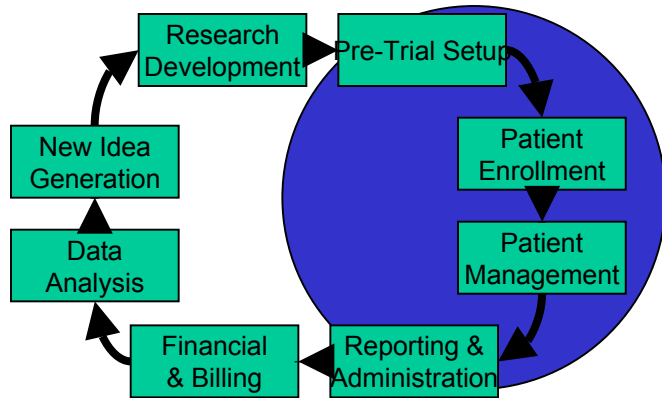


- Principal Investigator
 - Authors CT protocol using tools to construct document and schema
 - *Authoring environment for PI*
 - Submits protocol and proposal for scientific review
 - *Machine and human readable submission*
- Clinical Research Coordinator
 - Registers CT protocol into management application
 - *Authoring environment for CRC*
 - Coordinates IRB submission and review
- Pharmaceutical company
 - Development of new compounds and requires submission to FDA, etc.
 - Authoring environment for Pharma (LOI (phase 1,2), concept (phase 3) with CTEP requirements)
- ?unique protocol identifier?
- PI registry
- Government protocol registries

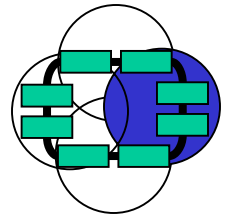


Support for CT Enrollment & Management

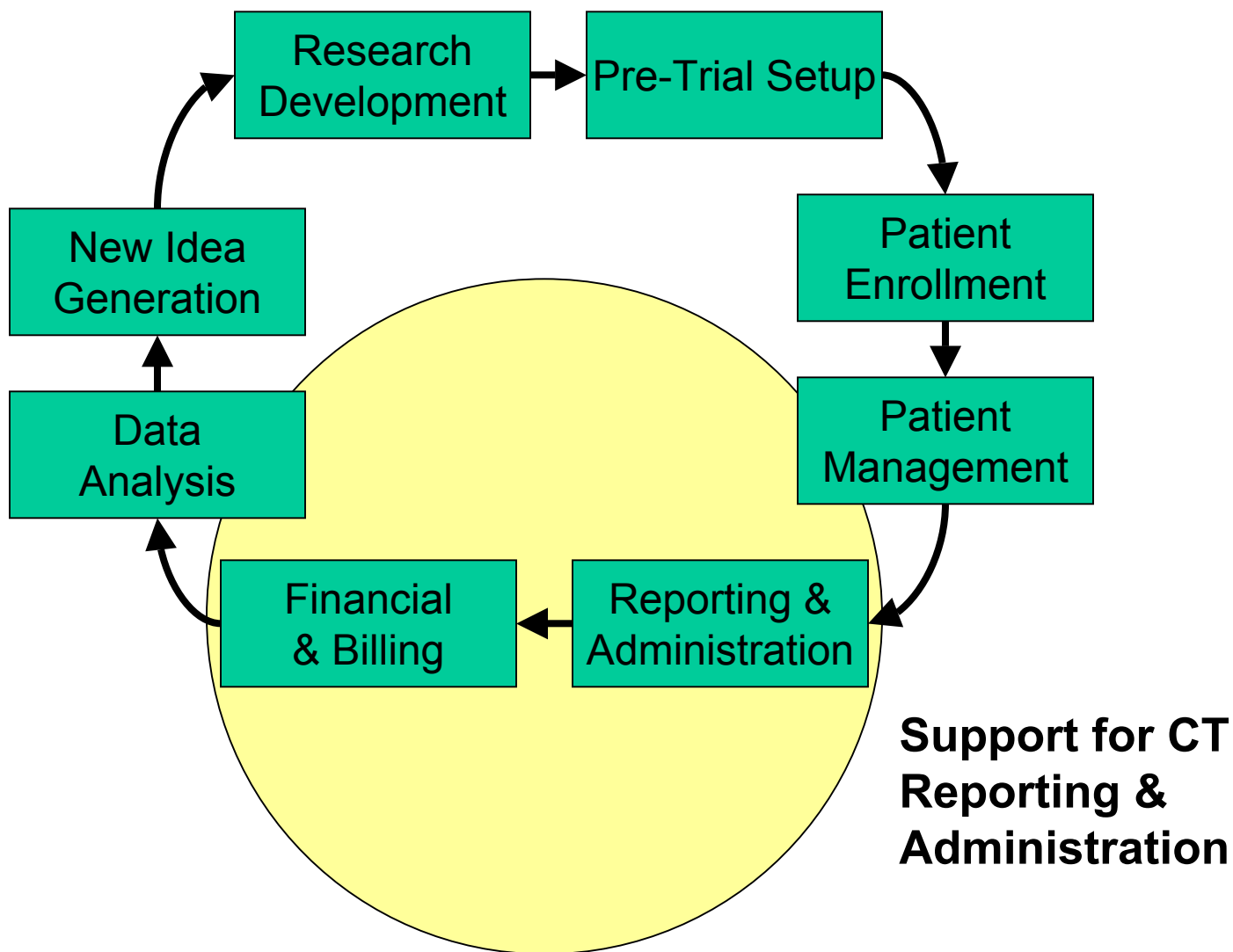
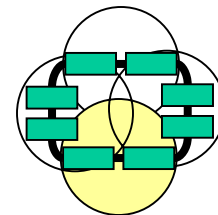


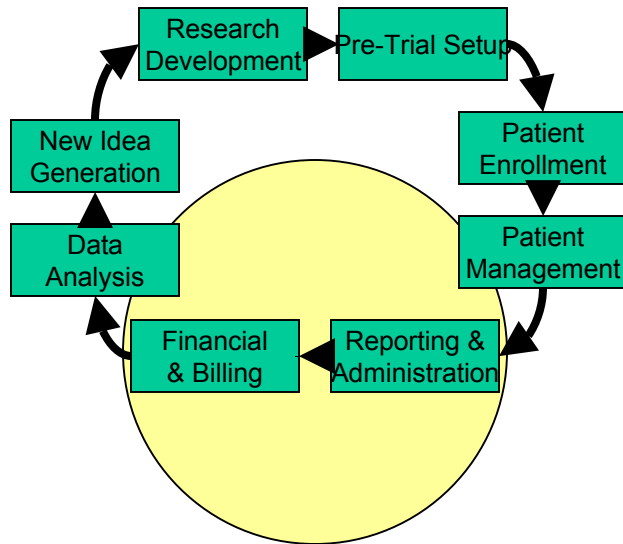


Support for CT Enrollment & Management

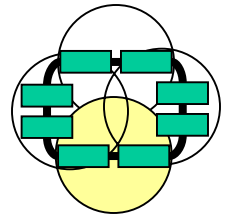


- Patient
 - Identifies trials and eligibility
- Oncologist
 - Matches trial with patient
- Clinical Research Coordinator
 - Determines patient eligibility
 - Tracks patient through treatment cycle
 - Reports adverse events and complications
 - Reports patient outcomes and progression
 - Manages multiple hospital and information systems
- Data registrar
- Sharing information between institutions
 - Doug Stahl (AACI cancer centers)
 - Cooperative groups

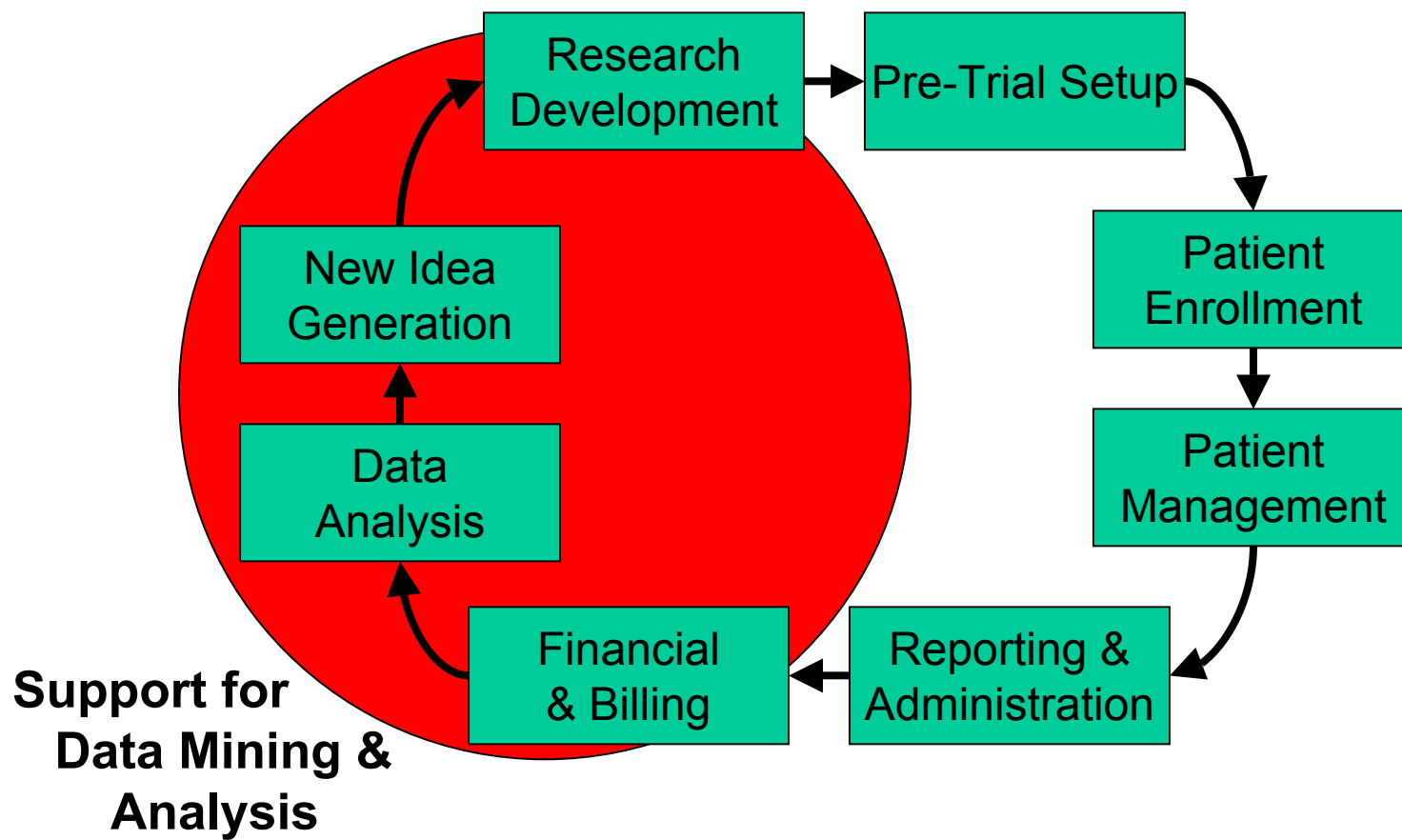
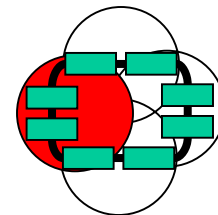


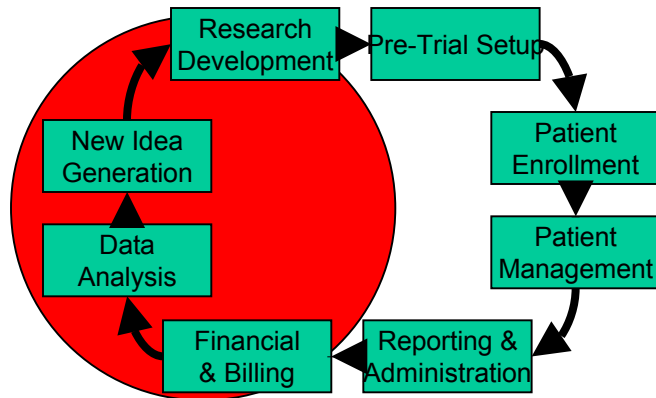


Support for CT Reporting & Administration

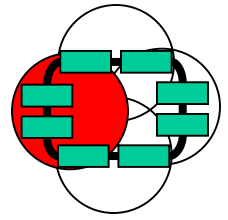


- Clinical Research Coordinator
 - Reports summary 4 statistics
 - CTMS reporting
 - I&D
 - Patient-level reporting (sponsors, and regulators)
 - Reports adverse events
 - Report medical errors
- Financial systems
 - Identifies standard of care vs. clinical trial activities
- Patients
 - Status of the clinical trials
- Administrators
 - Identify status, accruals etc of a protocol





Support for Data Mining & Analysis



- Statisticians
 - Analysis of outcomes and study
- Principal Investigator
 - Identification of new treatments or therapies
- Patients
 - Evaluate the success of treatments
 - Positive and negative studies
- Scientific abstraction
 - Stopping rules, efficacy
- State of the science meetings (CTEP)
- Raw data sharing
 - Aggregation, cross-study analysis capabilities
- HIPAA
 - Data ownership, privacy

Steps to take

- Define life-cycle of clinical trials data and applications
- Identify and prioritize life cycle activities for work tasks
- Scope high priority modeling efforts
- Get input from other protocol representation groups

Possible Statements of Work

- Identify strategic goals and scope the project. Articulate assumptions, definitions and constraints to a clinical trial protocol representation and tools to support it.
- Identify or Revise Stakeholders, Experts, and Other Sources of Requirements for clinical trial protocol representations (CTEP, HL7, caCORE, others)
 - Other SIGs
 - Other working groups
 - Cooperative groups (involved through cancer institutes, etc)
 - Contact: CTEP, CTSU
 - Mayo system integrates all clinical research into one system
 - AACI (Doug Stahl)
 - CTEP tool for protocol authoring
 - FDA protocol structure working group
 - Protocol registration clinical trials/ protocol (.gov)
 - Other sigs –integrative biology (data sharing)
 - SPORE HIPAA IRB,
 - Standards for biomarkers

Possible Statements of Work

- Gather User Requirements for the life cycle of clinical trial protocols
- Compare the user requirements to the business needs of the application. Identify gaps and resolve conflicts
- Conduct a formal Draft Requirements Specification Document Peer Review with working group colleagues



Possible Statements of Work



- Perform Requirements Scoping and develop a Release Plan.
- Prioritize requirements and create a plan that prioritizes the order in which the requirements will be developed and deployed
 - What is the minimum dataset to do this?
- Develop Design Plan

Possible Statements of Work

- Walk a protocol through the system: evaluate adequacy of the system
- Pilot Evaluation: Identify a caBIG compliant component of the protocol authoring tool for evaluation and roll it out in at least two adopter sites.
 - Evaluate the UI, deployment and implementation strategies, and assess the interoperability of the system both within the two adopter sites, and how this generalizes to other cancer centers.
- Document project lessons learned
 - Technical, process and social



Priorities

- What part(s) of the life-cycle should we focus on first?
 - CRC authoring?
 - Summary 4 structure
- What parts of the life-cycle should we coordinate with other SIGs or working groups?
 - Reporting
 - Financials
 - Integrative biology

Other notes/issues

- Can the NCI dictate that cooperative groups, SPORes, etc, use caBIG compliant tools and representations?
- White paper from cooperative group that describes clinical trials
- NCI initiative on clinical trials (CTWG)
 - Need to get representation on this group from CT working group/sigs in caBIG
 - Strategic roadmap due next year
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